

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DE</i>	<i>69801</i>	<i>8/9</i>
Q.I.P.E. CLASSIFIER		<i>43</i>	<i>8/14/00</i>
FORMALITY REVIEW	<i>Utt</i>	<i>5C3 571</i>	<i>09/19/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/02
2	5/03
3	12/04
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11	✓
12	✓
13	✓
14	✓
15	✓
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18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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